

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. William H.
White

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

109 N. Post Oak Lane
Suite 350
Houston, Texas 77024

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 659-9000

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Matt
Simmons

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

700 Louisiana, Suite 5000
Houston, Texas 77002

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 236-9999

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

Month Day Year

10/30/2005 THROUGH 12/31/2005

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

11/8/2005

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor, City of Houston Mayor, City of Houston

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

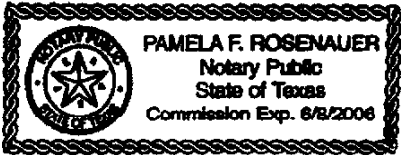
Address / PO Box Apt. / Suite #: City, State, Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>William H. White</u>		16 ACCOUNT # (Ethics Commission filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>Friends of Bill White</u>	
		COMMITTEE ADDRESS <u>109 N. Post Oak Lane, Suite 350</u> <u>Houston, Texas 77024</u>	
		COMMITTEE CAMPAIGN TREASURER NAME <u>Matt Simmons</u>	
		COMMITTEE CAMPAIGN TREASURER ADDRESS <u>700 Louisiana, Suite 5000</u> <u>Houston, Texas 77002</u>	
18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 575.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4483.19
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p>PAMELA F. ROSENAUER Notary Public State of Texas Commission Exp. 6/8/2006</p> </div> <div style="width: 65%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: center;"><u>Bill White</u> Signature of Candidate or Officeholder</p> </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>William H. White</u>, this the <u>17th</u> day of <u>January</u>, 20 <u>06</u>, to certify which, witness my hand and seal of office.</p> <p><u>Pamela F. Rosenauer</u> <u>Pamela F. Rosenauer</u> <u>Notary Public</u> Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Northern Trust Bank

6

7 Amount
(\$)

10/31/2005

6 Payee address;

City; State; Zip Code

2701 Kirby Drive
Houston, Texas 77098

25.00

8 Purpose of payment (See instructions regarding type of information required.)

Banking fee

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Northern Trust Bank

Amount
(\$)

11/30/2005

Payee address;

City; State; Zip Code

2701 Kirby Drive
Houston, Texas 77098

25.00

Purpose of payment (See instructions regarding type of information required.)

Banking fee

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Northern Trust Bank

Amount
(\$)

12/31/2005

Payee address;

City; State; Zip Code

2701 Kirby Drive
Houston, Texas 77098

25.00

Purpose of payment (See instructions regarding type of information required.)

Banking fee

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

Northern Trust Bank

8 Amount (\$)

10/31/2005

6 Payor address; City; State; Zip Code

2701 Kirby Drive
Houston, Texas 77098

3.98

7 Reason for credit

Interest

Date

Payor name

Paymentech

Amount (\$)

11/3/2005

Payor address; City; State; Zip Code

P.O. Box 6600
Hagerstown, MD 21741-6600

82.50

Reason for credit

Credit card fee credit/billed after cancellation

Date

Payor name

Northern Trust Bank

Amount (\$)

11/30/2005

Payor address; City; State; Zip Code

2701 Kirby Drive
Houston, Texas 77098

4.73

Reason for credit

Interest

Date

Payor name

Northern Trust Bank

Amount (\$)

12/30/2005

Payor address; City; State; Zip Code

2701 Kirby Drive
Houston, Texas 77098

4.78

Reason for credit

Interest

Date

Payor name

William H. White

Amount (\$)

12/23/2005

Payor address; City; State; Zip Code

101 Stablenwood Court
Houston, Texas 77024

1725.00

Reason for credit

Returned reimbursement

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/28/2005	5 Payee name Texas Ethics Commission 6 Payee address; City; State; Zip Code [Redacted] Austin, Texas 78711-2070 7 Purpose of expenditure (See instructions regarding type of information required.) Fee	8 Amount (\$) 500.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

